

Foster Family Home - Corrective Action Report

Provider ID: 1-561119

Home Name: Ophelia Pabalan, CNA

Review ID: 1-561119-11

94-441 A Kiau Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 12/21/2020

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Recertification inspection for a 3 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with items due to CTA within 30 days.

6.(d)(1)- see applicable sections of the review

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- G#1's APS/CAN lapsed on 8/23/19 and renewed on 9/9/19; Ecrim lapsed on 2/1/2020 and renewed on 2/15/2020. CG#2's Ecrim lapsed on 7/8/2020 and renewed on 7/31/2020.

Foster Family Home	Information Confidentiality	[11-800-16]
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16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- No evidence of CG#2 having had the confidentiality policies and procedures and client privacy rights training.

Foster Family Home	Client Rights	[11-800-53]
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53.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

53.(b)(1) Be fully informed, prior to or at the time of admission, of these rights and of all rules governing the client's conduct in the home. There shall be documentation signed by the client or the client's legal representative that this procedure has been carried out;

Comment:

53.(a), (b)(1)- No completed Admission Policy and Agreement for Client #1, Client #2, and Client #3 upon admission to CCFFH.

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Foster Family Home

Records

[11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5)- one medication was not transcribed in the Medication Administration Record for Client #2.

Sheikil Nakawine, M

Compliance Manager

Opheia Pabalan

Primary Care Giver

12/21/2020

Date

12/21/2020

Date

CTA RN Compliance Manager: Maribel Nakamine

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: Ophelia Pabalan

(PLEASE PRINT)

CCFFH Address: 94-441 Kiau Place Waipahu HI 96797

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8.(a) (1),(2)	Lapse cannot be corrected	12/21/20	CG #1 will use a wall calendar to schedule due date alerts 2 months in advance to prevent future lapses.
16.(b) (5)	Training provided to CG #2	12/21/20	Training to all employees will be provided and paperwork will be signed and filed accordingly.
53(a) (b)(1)	Admission Policy & agreement for Client #1 #2 & #3 was completed	12/22/20	Upon admission of new Client, admission policy & agreement shall be signed by Client's legal representative and will be filed accordingly

☒ All items that were fixed are attached to this CAP

PCG's Signature: Ophelia Pabalan

Date: 01/03/2021

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager:

Maribel Nakamine

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)

Chapter 11-800

PCG's Name on CCFFH Certificate:

Ophelia Pabalan

(PLEASE PRINT)

CCFFH Address:

94-441 Kian Pl. Waipahu HI 96797

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
54(c) (5)	Medication added in the medication schedule checklist	12/21/20	Medication will be checked against the medication schedule checklist to make sure that list is complete. Upon receiving new medication, it shall be added in the checklist in a timely manner

☒ All items that were fixed are attached to this CAP

PCG's Signature:

Ophelia Pabalan

Date:

01/03/2021



CTA has reviewed all corrected items